Printed/Typed Name S. M. Stava	le Signature SMStavale	Month Day Year
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signoture	Month Day Year
18 Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name / HAD FIELD	Signofure	Month: Day Year / 16 / 13 9 7
19. Discrepancy Indication Space		

20. Fo ceipt of hazardous materials covered by this manifest except as noted in Item 19.

DO NOT WRITE BELOW THIS LINE

Yellow:

TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state produce completed copy of this copy and send to DTSC within 30 days.)

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